

**CONFIDENTIAL FORM****For use by Court, Clerk, Prosecuting Attorney, and Law Enforcement Personnel ONLY**  
**DIVISION OF STATE COURT ADMINISTRATION****Note:** The following information is confidential under Indiana law pursuant to IC § 5-2-9-7, and it may not be released.

STATE OF INDIANA )

COUNTY OF \_\_\_\_\_)

COURT: Superior, Room #: \_\_\_\_\_

(check one) Circuit

CASE #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
PETITIONER/PLAINTIFF/STATE OF INDIANA

v.

DATE: \_\_\_\_\_

\_\_\_\_\_  
RESPONDENT/DEFENDANT

m/d/yyyy

\_\_\_\_\_  
EMPLOYEE (IF WVRO)**PERSON PROTECTED**

Name:

Does the protected person live within a municipal boundary?  
(i.e., within city/town limits) ☐ Yes ☐ No

Home address:

If yes, which municipality? \_\_\_\_\_

DOB:

SSN: (optional)

Race:

Telephone No.:

Sex:

Home: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_

Postal address (if different from home address):

When can protected person be reached at the above numbers or any alternative numbers?

Other protected address:

List the cities/counties where the protected person would like a copy of the order sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**PERSON RESTRAINED**

Name:

Telephone No.:

Home address:

Home: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_

Postal address (if different from home address):

Location of place of business or where person is usually or often found:

Sex: ☐ male ☐ female

DOB:

SSN:

Describe nature and location of any scars or tattoos:

Any scars or tattoos? ☐ Yes ☐ No

Race:

Hair color:

Height:

Weight:

**List the name(s), dates of birth [DOB], race, and sex of any person(s) residing at the household of the protected person.  
Attach an additional sheet of paper if necessary.**

Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

**NOTE:** This portion of the Confidential Form must be completed when an order for protection, no-contact order, or workplace violence restraining order is requested. The information provided on this form will be used to update the statewide protective order database for the enforcement of the order.